

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN SPEAK OUT PAC

ADDRESS (number and street)

1200 NEW HAMPSHIRE AVE NW

SUITE 750

WASHINGTON

DC

20036

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M /

D D /

Y Y Y Y Y Y

11

08

2016

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

10

01

2016

through

M M /

D D /

Y Y Y Y Y Y

10

19

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Buchanan, Emily, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

05

17

2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016 | | 496911.89 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 666832.81 | |
| (c) Total Receipts (from Line 19) | 260111.02 | 1142892.60 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 926943.83 | 1639804.49 |
| 7. Total Disbursements (from Line 31)..... | 519648.25 | 1232508.91 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 407295.58 | 407295.58 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 34024.16 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period:

From:

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | 0 | 1 | | 2 | 0 | 1 | 6 | | |

To:

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | 1 | 9 | | 2 | 0 | 1 | 6 | | |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 260000.00 | 1114282.43 |
| (ii) Unitemized | 111.02 | 17966.44 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 260111.02 | 1132248.87 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 260111.02 | 1132248.87 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 10643.73 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 260111.02 | 1142892.60 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 260111.02 | 1142892.60 |

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 125586.82 | 479129.81 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 125586.82 | 479129.81 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 394061.43 | 753379.10 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 519648.25 | 1232508.91 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 519648.25 | 1232508.91 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 260111.02 | 1132248.87 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 260111.02 | 1132248.87 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 125586.82 | 479129.81 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 10643.73 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 125586.82 | 468486.08 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Birkenstock, Veronica, T., ,

Mailing Address 12300 Winding Hollow Lane

City
Frisco

State
TX

Zip Code
75033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Practical Employee Solutions

Occupation (for Individual)
President

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

Transaction ID : SA11AI.6740

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
Ste 750

City
Washington

State
DC

Zip Code
20036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491682.43

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : SA11AI.6741

Amount of Each Receipt this Period

250000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

260000.00

260000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 66

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. All Seasons Strategies, LLC

Mailing Address P.O. Box 3521

City
SpokaneState
WAZip Code
99202Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 0 | 5 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6711**

Amount of Each Disbursement this Period

2394.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alaska Air

Mailing Address Po Box 68900

City
SeattleState
WAZip Code
98168Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 1 | 4 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6711.C**

Amount of Each Disbursement this Period

158.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Alaska Air

Mailing Address Po Box 68900

City
SeattleState
WAZip Code
98168Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 9 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6711.**

Amount of Each Disbursement this Period

319.60

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2394.65

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 66

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Hyatt Hotels

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 8 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6711.1**

Amount of Each Disbursement this Period

120.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Alaska Air

Mailing Address Po Box 68900

City

Seattle

State

WA

Zip Code

98168

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 7 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6711.8**

Amount of Each Disbursement this Period

319.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Alaska Air

Mailing Address Po Box 68900

City

Seattle

State

WA

Zip Code

98168

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 4 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6711.**

Amount of Each Disbursement this Period

157.60

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 66

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Alamo

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 4 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6711.1**

Amount of Each Disbursement this Period

231.44

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Hyatt Hotels

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 4 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6711.1**

Amount of Each Disbursement this Period

300.66

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. All Seasons Strategies, LLC

Mailing Address P.O. Box 3521

City

Spokane

State

WA

Zip Code

99202

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| | | | | 1 | 0 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6755**

Amount of Each Disbursement this Period

6054.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6054.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 66

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Ashley, Michelle, , ,

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2016 |

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Category/
Type

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

FEC Identification Number

C**Transaction ID : SB21B.6710**

Amount of Each Disbursement this Period

396.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ashley, Michelle, , ,

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 29 | | 2016 |

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Mileage

Candidate Name

Category/
Type

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

FEC Identification Number

C**Transaction ID : SB21B.6710.1**

Amount of Each Disbursement this Period

214.56

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Ashley, Michelle, , ,

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 18 | | 2016 |

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Category/
Type

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

FEC Identification Number

C**Transaction ID : SB21B.6725**

Amount of Each Disbursement this Period

391.96

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

788.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 66

| | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Ashley, Michelle, , ,

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 15 | | 2016 |

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Mileage

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.6725.**

Amount of Each Disbursement this Period

224.43

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2016 |

Mailing Address P.O. Box 947

City
American ForkState
UTZip Code
84003-0947Purpose of Disbursement
Credit card processing fees

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.6729**

Amount of Each Disbursement this Period

187.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 04 | | 2016 |

Mailing Address P.O. Box 947

City
American ForkState
UTZip Code
84003-0947Purpose of Disbursement
Credit Card processing fees

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.6730**

Amount of Each Disbursement this Period

42.55

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

229.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 66

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Blevio, Chrissy, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 18 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6719**

Amount of Each Disbursement this Period

400.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Blevio, Chrissy, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 16 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6719.c**

Amount of Each Disbursement this Period

79.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Budget Rent A Car

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 14 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6719.**

Amount of Each Disbursement this Period

321.79

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

400.92

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 66

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445 McLaughlin Ave

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Wire fees

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 06 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6731**

Amount of Each Disbursement this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445 McLaughlin Ave

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Wire Fees

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 14 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6733**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Design 4 Advertising

Mailing Address 106 N Collins St

City
Plant CityState
FLZip Code
33563Purpose of Disbursement
Website editing

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 17 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6734**

Amount of Each Disbursement this Period

665.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

985.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 66

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Edson, Timothy, , ,

Mailing Address 836 5th St NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 05 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6718**

Amount of Each Disbursement this Period

3006.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. National Car Rental

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 29 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6718.5**

Amount of Each Disbursement this Period

261.55

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UPS

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09 | | 29 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6718.**

Amount of Each Disbursement this Period

30.02

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3006.78

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 66

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Hyatt Place

Mailing Address 6161 Park Center Circle

City
DublinState
OHZip Code
43017Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 8 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C

Transaction ID : SB21B.6718.1

Amount of Each Disbursement this Period

244.86

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UPS

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 1 | 5 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C

Transaction ID : SB21B.6718.1

Amount of Each Disbursement this Period

93.83

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. American AirlinesMailing Address 1101 17th NW
#600City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 1 | 0 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C

Transaction ID : SB21B.6718.1

Amount of Each Disbursement this Period

446.20

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 66

| | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. American AirlinesMailing Address 1101 17th NW
#600City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
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| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 30 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6718.2**

Amount of Each Disbursement this Period

258.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address 1030 Delta Blvd

City
AtlantaState
GAZip Code
30354Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 27 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6718.2**

Amount of Each Disbursement this Period

356.60

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Escalante, Eileen, , ,

Mailing Address 1200 New Hampshire Ave

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6707**

Amount of Each Disbursement this Period

323.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

323.30

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 66

| | | | | |
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| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Escalante, Eileen, , ,

Mailing Address 1200 New Hampshire Ave

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Mileage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 30 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6707.4**

Amount of Each Disbursement this Period

230.48

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Fitzgerald, Tami, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 05 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6717**

Amount of Each Disbursement this Period

186.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Fitzgerald, Tami, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 18 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6726**

Amount of Each Disbursement this Period

652.37

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

838.92

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 66

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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Fitzgerald, Tami, , ,

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 17 | | 2016 |

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Mileage

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.6726.i**

Amount of Each Disbursement this Period

236.32

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Greco, Grayson, , ,

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 05 | | 2016 |

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.6713**

Amount of Each Disbursement this Period

180.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Greco, Grayson, , ,

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 10 | | 18 | | 2016 |

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.6720**

Amount of Each Disbursement this Period

424.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

604.53

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 66

| | | | | |
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| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Fedex Office

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | | 11 | | | | 2016 | | | | | |

FEC Identification Number

C**Transaction ID : SB21B.6720.1**

Amount of Each Disbursement this Period

189.62

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Greco, Grayson, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City

Washington

State

DC

Zip Code

20036

Purpose of Disbursement
Mileage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | | 15 | | | | 2016 | | | | | |

FEC Identification Number

C**Transaction ID : SB21B.6720.1**

Amount of Each Disbursement this Period

156.06

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Headway Workforce Solutions

Mailing Address 421 Fayetteville St #1020

City

Raleigh

State

NC

Zip Code

27601

Purpose of Disbursement
Director Pay

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | | 19 | | | | 2016 | | | | | |

FEC Identification Number

C**Transaction ID : SB21B.6758**

Amount of Each Disbursement this Period

41769.22

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

41769.22

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 66

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Headway Workforce Solutions

Mailing Address 421 Fayetteville St #1020

City
RaleighState
NCZip Code
27601Purpose of Disbursement
Headway Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 1 | 9 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6759**

Amount of Each Disbursement this Period

61872.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hollar, Jeremy, , ,Mailing Address 1200 New Hampshire Ave NW
Ste 750City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 0 | 5 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6715**

Amount of Each Disbursement this Period

348.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hollar, Jeremy, , ,Mailing Address 1200 New Hampshire Ave NW
Ste 750City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Mileage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 3 | 0 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6715.**

Amount of Each Disbursement this Period

110.68

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

62221.32

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 66

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Hollar, Jeremy, , ,Mailing Address 1200 New Hampshire Ave NW
Ste 750City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 1 | 8 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6722**

Amount of Each Disbursement this Period

465.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. La Quinta

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 1 | 4 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6722.1**

Amount of Each Disbursement this Period

214.24

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. United States Postal Service

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Other

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 1 | 2 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6722.**

Amount of Each Disbursement this Period

5.35

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

465.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 66

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. United States Postal Service

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Other

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | | 07 | | | | 2016 | | | | | |

FEC Identification Number

C**Transaction ID : SB21B.6722.!**

Amount of Each Disbursement this Period

10.39

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Hollar, Jeremy, , ,Mailing Address 1200 New Hampshire Ave NW
Ste 750City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Mileage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | | 14 | | | | 2016 | | | | | |

FEC Identification Number

C**Transaction ID : SB21B.6722.7**

Amount of Each Disbursement this Period

136.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. i360

Mailing Address P.O. Box 37046

City
BaltimoreState
MDZip Code
21297-3046Purpose of Disbursement
Subscription

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | | 14 | | | | 2016 | | | | | |

FEC Identification Number

C**Transaction ID : SB21B.6732**

Amount of Each Disbursement this Period

1900.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1900.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 66

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2700 Coast Ave

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Credit Card processing fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | | 03 | | | | 2016 | | | | | |

FEC Identification Number

C**Transaction ID : SB21B.6727**

Amount of Each Disbursement this Period

15.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kirkman, Jason, , ,Mailing Address 1200 NEw Hampshire Ave
Ste 750City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | | 05 | | | | 2016 | | | | | |

FEC Identification Number

C**Transaction ID : SB21B.6714**

Amount of Each Disbursement this Period

306.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wal-mart

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 09 | | | | 27 | | | | 2016 | | | | | |

FEC Identification Number

C**Transaction ID : SB21B.6714.**

Amount of Each Disbursement this Period

11.49

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

322.03

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 66

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Enterprise Rent a Car

Mailing Address 843 State Street

City
Salt Lake City

State
UT

Zip Code
84111

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

FEC Identification Number

C

Transaction ID : SB21B.6714.4

Amount of Each Disbursement this Period

100.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Kirkman, Jason, , ,

Mailing Address 1200 NEw Hampshire Ave
Ste 750

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement
Mileage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 29 / 2016

FEC Identification Number

C

Transaction ID : SB21B.6714.8

Amount of Each Disbursement this Period

99.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Kirkman, Jason, , ,

Mailing Address 1200 NEw Hampshire Ave
Ste 750

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement
Expense Reimbursement- actual amount. Original reported was an estimate
of \$465.27

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

FEC Identification Number

C

Transaction ID : SB21B.6721

Amount of Each Disbursement this Period

67.80

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

67.80

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 66

| | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Love, Julie, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
washingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6708**

Amount of Each Disbursement this Period

335.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Love, Julie, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
washingtonState
DCZip Code
20036Purpose of Disbursement
Mileage

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 28 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6708.1**

Amount of Each Disbursement this Period

93.36

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Love, Julie, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
washingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 18 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6723**

Amount of Each Disbursement this Period

334.73

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

670.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 66

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. McDonald's

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Meals

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | | 12 | | | | 2016 | | | | | |

FEC Identification Number

C**Transaction ID : SB21B.6723.**

Amount of Each Disbursement this Period

12.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. McDonald's

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Meals

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | | 12 | | | | 2016 | | | | | |

FEC Identification Number

C**Transaction ID : SB21B.6723.2**

Amount of Each Disbursement this Period

11.93

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. McDonald's

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Meals

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|----|---|---|---|----|---|---|---|------|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 10 | | | | 12 | | | | 2016 | | | | | |

FEC Identification Number

C**Transaction ID : SB21B.6723.**

Amount of Each Disbursement this Period

6.13

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 66

| | | | | |
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| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Love, Julie, , ,

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 1 | 4 | | | 2 | 0 | 1 | 6 | | |

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Mileage

Candidate Name

Category/
TypeOffice Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

FEC Identification Number

C

Transaction ID : SB21B.6723.

Amount of Each Disbursement this Period

133.80

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Miller, Desiree, , ,

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 0 | 5 | | | 2 | 0 | 1 | 6 | | |

Mailing Address 1200 New Hampshire Ave, NW
Suite 750City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Category/
TypeOffice Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

FEC Identification Number

C

Transaction ID : SB21B.6712

Amount of Each Disbursement this Period

131.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Parker, Mary, , ,

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 0 | 3 | | | 2 | 0 | 1 | 6 | | |

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Category/
TypeOffice Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

FEC Identification Number

C

Transaction ID : SB21B.6709

Amount of Each Disbursement this Period

736.38

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

867.67

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 66

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Wal-mart

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Meals

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 3 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6709.4**

Amount of Each Disbursement this Period

123.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Parker, Mary, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City

Washington

State

DC

Zip Code

20036

Purpose of Disbursement
Mileage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 3 | 0 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6709.4**

Amount of Each Disbursement this Period

307.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Parker, Mary, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City

Washington

State

DC

Zip Code

20036

Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 1 | 8 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6724**

Amount of Each Disbursement this Period

917.24

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

917.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 66

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. El Vacquero Restaurant

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Meals

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 1 | 5 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6724.1**

Amount of Each Disbursement this Period

525.91

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Wal-mart

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 1 | 5 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6724.2**

Amount of Each Disbursement this Period

53.11

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Wal-mart

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 1 | 4 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6724.**

Amount of Each Disbursement this Period

149.56

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 66

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Parker, Mary, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Mileage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 14 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6724.!**

Amount of Each Disbursement this Period

137.87

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. PaychexMailing Address 3060 Williams Dr
#200City
FairfaxState
VAZip Code
22031Purpose of Disbursement
payroll fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6728**

Amount of Each Disbursement this Period

55.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Williams, Petrina, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 05 | | 2016 |

FEC Identification Number

C**Transaction ID : SB21B.6716**

Amount of Each Disbursement this Period

703.63

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

759.14

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 66

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. United States Postal Service

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Other

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 2 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6716.1**

Amount of Each Disbursement this Period

62.37

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Williams, Petrina, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City

Washington

State

DC

Zip Code

20036

Purpose of Disbursement
Mileage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 3 | 0 | | | 2 | 0 | 1 | 6 | | |

FEC Identification Number

C**Transaction ID : SB21B.6716.1**

Amount of Each Disbursement this Period

106.40

☒ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| | | | | | | | | | | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

125586.82

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 33 OF 66

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Existing Loan owed to SBA

Mailing Address 1200 New Hampshire Ave NW
Ste 750City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

10500.00

Transaction ID : SD10.4157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Loan for FEC Reporting Services

Mailing Address 1200 New Hampshire Ave NW
Ste 750City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.4110

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Mailings Expense

Mailing Address 1200 New Hampshire Ave NW
Ste 750City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

5204.43

Transaction ID : SD10.4318

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5204.43

1) **SUBTOTALS** This Period This Page (optional)..... ►

20704.43

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 34 OF 66

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Original transactions put on SBA CC

Mailing Address 1200 New Hampshire Ave NW
Ste 750City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

8610.00

Transaction ID : SD10.6625

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8610.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Expense put on SBA CC

Mailing Address 1200 New Hampshire Ave NW
Ste 750City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.6756

Amount Incurred This Period

4709.73

Payment This Period

0.00

Outstanding Balance at Close of This Period

4709.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

13319.73

2) **TOTALS** This Period (last page this line number only)..... ►

34024.16

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

34024.16

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 66
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|---|--|--|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Alaska Air | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address Po Box 68900 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | | |
| City Seattle | | State WA | | Amount 119.10 | |
| Zip Code 98168 | | Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/17, reported estimate | | Transaction ID : SE.6679 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | |
| Category/Type 002 | | | Name of Federal Candidate: LEE, MIKE, , , | | |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: UT | | |
| Calendar Year-To-Date Per Election for Office Sought 119.10 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee Alaska Air | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address Po Box 68900 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | | |
| City Seattle | | State WA | | Amount 119.10 | |
| Zip Code 98168 | | Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/17, reported estimate | | Transaction ID : SE.6682 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | |
| Category/Type 002 | | | Name of Federal Candidate: LOVE, MIA, , , | | |
| <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 | | |
| Calendar Year-To-Date Per Election for Office Sought 6344.78 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 238.20 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Buchanan, Emily, , ,</i> | | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | | |
| [Electronically Filed] | | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 36 OF 66
 FOR LINE 24 OF FORM 3X

| | |
|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div> |
|---|--|

 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

| | | | | |
|--|-------------|---|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item American Airlines | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 10 15 2016 </div> | |
| Mailing Address 1101 17th NW #600 | | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 180.60 </div> | |
| City Washington | State DC | Zip Code 20036 | | |
| Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/17 | | Category/ Type 002 | Transaction ID : SE.6704 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 10 15 2016 </div> | |
| Name of Federal Candidate: LEE, MIKE, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: UT <input type="checkbox"/> President | |
| Calendar Year-To-Date Per Election for Office Sought 14302.70 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|---|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item American Airlines | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 10 15 2016 </div> | |
| Mailing Address 1101 17th NW #600 | | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 180.60 </div> | |
| City Washington | State DC | Zip Code 20036 | | |
| Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/17 | | Category/ Type 002 | Transaction ID : SE.6706 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 10 15 2016 </div> | |
| Name of Federal Candidate: LOVE, MIA, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT | |
| Calendar Year-To-Date Per Election for Office Sought 20528.37 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|---|---|---------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 361.20 |
| (a) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (a) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

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05 17 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 37 OF 66
 FOR LINE 24 OF FORM 3X

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|---|---|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
|---|---|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

| | | | | |
|--|-------------|--|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item American Marketing & Publishing | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 7380 Sprout Springs Rd Ste 210-248 | | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 0.00 </div> | |
| City Flowery Branch | State GA | Zip Code 30542 | Transaction ID : SE.6502 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Door Hangers | | Category/ Type <div style="border: 1px solid black; padding: 2px;">006</div> | Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MURPHY, PATRICK E, , | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">35217.40</div> | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL | | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | | | |

| | | | | |
|--|-------------|---|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item American Marketing & Publishing | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Mailing Address 7380 Sprout Springs Rd Ste 210-248 | | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 3081.25 </div> | |
| City Flowery Branch | State GA | Zip Code 30542 | Transaction ID : SE.6513 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Door Hangers-OH | | Category/ Type <div style="border: 1px solid black; padding: 2px;">006</div> | Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">197913.50</div> | | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 3081.25 </div> |
| (a) SUBTOTAL of Unitemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div> |
| (a) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 38 OF 66
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|---|---|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee American Marketing & Publishing | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 7380 Sprout Springs Rd Ste 210-248 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 05 / 2016 | | |
| City Flowery Branch | | State GA | Zip Code 30542 | | |
| Purpose of Expenditure Door Hangers | | Category/ Type 006 | | Amount 3081.25 | |
| Name of Federal Candidate: STRICKLAND, TED, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 49558.03 | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u> | | |
| | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee American Marketing & Publishing | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 7380 Sprout Springs Rd Ste 210-248 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 05 / 2016 | | |
| City Flowery Branch | | State GA | Zip Code 30542 | | |
| Purpose of Expenditure Door Hangers | | Category/ Type 006 | | Amount 6805.38 | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought 204718.88 | | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 9886.63 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature Buchanan, Emily, , , | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 40 OF 66
 FOR LINE 24 OF FORM 3X

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|---|--|-------------|-----------------------|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on | |
| Full Name of Payee <input type="checkbox"/> Memo Item American Marketing & Publishing | | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 14 / 2016</div> </div> | |
| Mailing Address 7380 Sprout Springs Rd Ste 210-248 | | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3081.25</div> | |
| City Flowerly Branch | | State GA | Zip Code 30542 | Transaction ID : SE.6555 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 14 / 2016</div> </div> | |
| Purpose of Expenditure Door Hangers- MO | | | Category/ Type 006 | | |
| Name of Federal Candidate: KANDER, JASON, , , | | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO | |
| Calendar Year-To-Date Per Election for Office Sought | | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee <input type="checkbox"/> Memo Item Campaign Graphics | | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 17 / 2016</div> </div> | |
| Mailing Address 1229 N. Wakonda Street | | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">423.48</div> | |
| City Flagstaff | | State AZ | Zip Code 86004 | Transaction ID : SE.6672 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 17 / 2016</div> </div> | |
| Purpose of Expenditure T-Shirts | | | Category/ Type 006 | | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , | | | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3504.73</div> | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| (a) TOTAL Independent Expenditures | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Buchanan, Emily, , ,</u> | | | | Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 17 / 2017</div> </div> | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 41 OF 66
 FOR LINE 24 OF FORM 3X

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|---|---|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
|---|---|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item Campaign Graphics | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 10 / 17 / 2016 </div> | |
| Mailing Address 1229 N. Wakonda Street | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">423.48</div> Transaction ID : SE.6673 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 10 / 17 / 2016 </div> | |
| City Flagstaff | State AZ | Zip Code 86004 | | |
| Purpose of Expenditure T-Shirts- MO | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div> | | |
| Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose KANDER, JASON, , , | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MO | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">45368.46</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | | |
|--|-------------|--|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item Campaign Graphics | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 10 / 17 / 2016 </div> | |
| Mailing Address 1229 N. Wakonda Street | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">423.48</div> Transaction ID : SE.6674 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 10 / 17 / 2016 </div> | |
| City Flagstaff | State AZ | Zip Code 86004 | | |
| Purpose of Expenditure T-Shirts- FL | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div> | | |
| Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , , | | | Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">251260.82</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | |
|---|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 846.96 |
| (a) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (a) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

MM / DD / YYYY

05 / 17 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 42 OF 66
 FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------|-------------------|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | | | |
| Full Name of Payee <input type="checkbox"/> Memo Item Campaign Graphics | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">17</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div> | |
| Mailing Address 1229 N. Wakonda Street | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">423.48</div> | |
| City Flagstaff | State AZ | Zip Code 86004 | Transaction ID : SE.6675 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">17</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div> | |
| Purpose of Expenditure T-Shirts- FL | | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div> | |
| Name of Federal Candidate: MURPHY, PATRICK E, , , | | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: FL </div> </div> | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">43196.26</div> | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | 2016 | |
| Full Name of Payee <input type="checkbox"/> Memo Item Delta Airlines | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">15</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div> | |
| Mailing Address 1030 Delta Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1398.85</div> | |
| City Atlanta | State GA | Zip Code 30354 | Transaction ID : SE.6684 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">15</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div> | |
| Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/17, reported estimate | | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | |
| Name of Federal Candidate: LEE, MIKE, , , | | | <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: UT </div> </div> | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">1517.95</div> | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | 2016 | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">1822.33</div> | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> | |
| (a) TOTAL Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <u>Buchanan, Emily, , ,</u> | | | Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">05</div> <div style="border: 1px solid black; padding: 2px;">17</div> <div style="border: 1px solid black; padding: 2px;">2017</div> </div> | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 43 OF 66
 FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------|---|--|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Delta Airlines <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | |
| Mailing Address 1030 Delta Blvd | | | Amount 1398.85 | |
| City Atlanta | State GA | Zip Code 30354 | Transaction ID : SE.6686 | |
| Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/17, reported estimate | | Category/Type 002 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | |
| Name of Federal Candidate: LOVE, MIA, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 04 State: UT | |
| Calendar Year-To-Date Per Election for Office Sought 7743.63 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee Enterprise Rent a Car <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | |
| Mailing Address 843 State Street | | | Amount 1626.07 | |
| City Salt Lake City | State UT | Zip Code 84111 | Transaction ID : SE.6687 | |
| Purpose of Expenditure Rental cars for canvassing deployment 10/15-10/17, originally reported as \$2000 | | Category/Type 002 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | |
| Name of Federal Candidate: LEE, MIKE, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: State: UT | |
| Calendar Year-To-Date Per Election for Office Sought 3144.02 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 3024.92 | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (a) TOTAL Independent Expenditures | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <u>Buchanan, Emily, , ,</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 44 OF 66
 FOR LINE 24 OF FORM 3X

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|---|--------------------|--|--|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Enterprise Rent a Car | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 843 State Street | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | | |
| City Salt Lake City | State UT | Zip Code 84111 | Amount 1626.07 | | |
| Purpose of Expenditure Rental cars for canvassing deployment 10/15-10/17, originally reported as 2000 | | Category/Type 002 | Transaction ID : SE.6689 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | | |
| Name of Federal Candidate: LOVE, MIA, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: UT | | |
| Calendar Year-To-Date Per Election for Office Sought 9369.70 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee Hampton Inn | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 250 North Andrews Ave | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | | |
| City Fort Lauderdale | State FL | Zip Code 33301 | Amount 750.00 | | |
| Purpose of Expenditure Lodging 10/15-10/17 | | Category/Type 002 | Transaction ID : SE.6676 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 212913.86 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 2376.07 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Buchanan, Emily, , ,</i> | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 45 OF 66
 FOR LINE 24 OF FORM 3X

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|---|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Hampton Inn | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 250 North Andrews Ave | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | | |
| City Fort Lauderdale | State FL | Zip Code 33301 | Amount 750.00 | | |
| Purpose of Expenditure Lodging 10/15-10/17 | | Category/ Type 002 | Transaction ID : SE.6678 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | | |
| Name of Federal Candidate: MURPHY, PATRICK E, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: FL | | |
| Calendar Year-To-Date Per Election for Office Sought 42772.78 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee Headway Workforce Solutions | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 421 Fayetteville St #1020 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| City Raleigh | State NC | Zip Code 27601 | Amount 60493.39 | | |
| Purpose of Expenditure Payroll Estimate for FL Canvassers 10/1-10/19 | | Category/ Type 002 | Transaction ID : SE.6452 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 68971.25 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 61243.39 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Buchanan, Emily, , ,</u> [Electronically Filed] | | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 46 OF 66
 FOR LINE 24 OF FORM 3X

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|---|-------------|-------------------|--|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Headway Workforce Solutions <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | |
| Mailing Address 421 Fayetteville St #1020 | | | Amount 60493.39 | |
| City Raleigh | State NC | Zip Code 27601 | Transaction ID : SE.6454 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | |
| Purpose of Expenditure Payroll Estimate for FL Canvassers 10/1-10/19 | | | Category/ Type 002 | |
| Name of Federal Candidate: MURPHY, PATRICK E, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought 129464.64 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| Full Name of Payee Headway Workforce Solutions <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | |
| Mailing Address 421 Fayetteville St #1020 | | | Amount 4153.84 | |
| City Raleigh | State NC | Zip Code 27601 | Transaction ID : SE.6456 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | |
| Purpose of Expenditure Mileage Estimate for FL Canvassers 10/1-10/26, originally reported \$7500 as an estimat | | | Category/ Type 002 | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought 133618.48 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 64647.23 | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (a) TOTAL Independent Expenditures | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <u>Buchanan, Emily, , ,</u> | | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | |
| [Electronically Filed] | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 47 OF 66
 FOR LINE 24 OF FORM 3X

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|---|-------------|--|---|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Headway Workforce Solutions | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 421 Fayetteville St #1020 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| City Raleigh | State NC | Zip Code 27601 | Amount 4153.84 | | |
| Purpose of Expenditure Mileage Estimate for FL Canvassers 10/1-10/26, originally reported \$7500 as an estimate | | Category/Type 002 | Transaction ID : SE.6458 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| Name of Federal Candidate: MURPHY, PATRICK E, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 4153.84 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee Headway Workforce Solutions | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 421 Fayetteville St #1020 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| City Raleigh | State NC | Zip Code 27601 | Amount 33920.95 | | |
| Purpose of Expenditure Payroll estimate for Canvassers 10/1-10/296, originally reported \$69857.81 as an estimate | | Category/Type 001 | Transaction ID : SE.6464 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 167539.43 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 38074.79 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Buchanan, Emily, , , Signature | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 48 OF 66
 FOR LINE 24 OF FORM 3X

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|---|-------------|--|---|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Headway Workforce Solutions | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 421 Fayetteville St #1020 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| City Raleigh | State NC | Zip Code 27601 | Amount 33920.95 | | |
| Purpose of Expenditure Payroll estimate for Canvassers 10/1-10/296, originally reported \$69857.81 as an estimate | | Category/Type 001 | Transaction ID : SE.6466 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| Name of Federal Candidate: ROSS, DEBORAH K, , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 38074.79 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee Headway Workforce Solutions | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 421 Fayetteville St #1020 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| City Raleigh | State NC | Zip Code 27601 | Amount 5896.94 | | |
| Purpose of Expenditure Mileage estimate for Canvassers 10/1-10/26, originally reported as \$9375 as an estimate | | Category/Type 002 | Transaction ID : SE.6468 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 173436.37 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 39817.89 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Buchanan, Emily, , ,</i> | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 49 OF 66
 FOR LINE 24 OF FORM 3X

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|---|-------------|-------------------|--|--|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 </div> | |
| Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 </div> | | |
| Mailing Address 421 Fayetteville St #1020 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5896.94 </div> | | |
| City Raleigh | State NC | Zip Code 27601 | Transaction ID : SE.6470 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 </div> | | |
| Purpose of Expenditure Mileage estimate for Canvassers 10/1-10/26, originally reported as \$9375 as an estimate | | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate: ROSS, DEBORAH K, , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">43971.73</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 </div> | | |
| Mailing Address 421 Fayetteville St #1020 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15520.20 </div> | | |
| City Raleigh | State NC | Zip Code 27601 | Transaction ID : SE.6474 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 </div> | | |
| Purpose of Expenditure Payroll estimate for canvassers 10/1-10/26, originally estimated as 30843.75 | | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">188956.57</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">21417.14</div> | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| (a) TOTAL Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Buchanan, Emily, , ,</u> | | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 </div> | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 50 OF 66
 FOR LINE 24 OF FORM 3X

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|---|-------------|--|---|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Headway Workforce Solutions | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 421 Fayetteville St #1020 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| City Raleigh | State NC | Zip Code 27601 | Amount 0.00 | | |
| Purpose of Expenditure Payroll estimate for canvassers 10/1-10/19 | | Category/Type 001 | Transaction ID : SE.6475 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 188956.57 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee Headway Workforce Solutions | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 421 Fayetteville St #1020 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| City Raleigh | State NC | Zip Code 27601 | Amount 15520.20 | | |
| Purpose of Expenditure Payroll estimate for canvassers 10/1-10/26, originally estimated as 30843.75 | | Category/Type 001 | Transaction ID : SE.6477 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| Name of Federal Candidate: STRICKLAND, TED, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH | | |
| Calendar Year-To-Date Per Election for Office Sought 40601.10 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 15520.20 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Buchanan, Emily, , ,</i> | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 51 OF 66
 FOR LINE 24 OF FORM 3X

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|---|-------------|-------------------|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Headway Workforce Solutions <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | |
| Mailing Address 421 Fayetteville St #1020 | | | Amount 1396.88 | |
| City Raleigh | State NC | Zip Code 27601 | Transaction ID : SE.6479 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | |
| Purpose of Expenditure Mileage estimate for canvassers 10/1-10/19, originally reported as \$3750 as an estimate | | | Category/Type 002 | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , | | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 190353.45 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| Full Name of Payee Headway Workforce Solutions <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | |
| Mailing Address 421 Fayetteville St #1020 | | | Amount 1396.88 | |
| City Raleigh | State NC | Zip Code 27601 | Transaction ID : SE.6481 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | |
| Purpose of Expenditure Mileage estimate for canvassers 10/1-10/19, originally reported as \$3750 as an estimate | | | Category/Type 002 | |
| Name of Federal Candidate: STRICKLAND, TED, , , | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH <input checked="" type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 41997.98 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 2793.76 | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (a) TOTAL Independent Expenditures | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <i>Buchanan, Emily, , ,</i> | | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | |
| [Electronically Filed] | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 52 OF 66
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|--|---|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Headway Workforce Solutions | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 421 Fayetteville St #1020 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| City Raleigh | State NC | Zip Code 27601 | Amount 392.50 | | |
| Purpose of Expenditure Payroll for canvassers 10/1-10/26, originally reported as 20133.51 as a projection | | Category/Type 001 | Transaction ID : SE.6493 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| Name of Federal Candidate: OWENS, H DOUGLAS, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT | | |
| Calendar Year-To-Date Per Election for Office Sought 5741.28 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee Headway Workforce Solutions | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 421 Fayetteville St #1020 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| City Raleigh | State NC | Zip Code 27601 | Amount 392.50 | | |
| Purpose of Expenditure Payroll for canvassers 10/1-10/26, originally reported as 20133.51 as a projection | | Category/Type 001 | Transaction ID : SE.6495 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| Name of Federal Candidate: LOVE, MIA, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT | | |
| Calendar Year-To-Date Per Election for Office Sought 6133.78 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 785.00 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Buchanan, Emily, , , Signature | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 53 OF 66
 FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------|---|---|---|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY | | | | |
| Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016 | |
| Mailing Address 421 Fayetteville St #1020 | | | Amount 45.95 | |
| City Raleigh | State NC | Zip Code 27601 | Transaction ID : SE.6497 Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2016 | |
| Purpose of Expenditure Mileage for canvassers 10/1-10/26, originally reported as \$4687.50 as an estimate | | Category/Type 002 | | |
| Name of Federal Candidate: LOVE, MIA, , , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT | |
| Calendar Year-To-Date Per Election for Office Sought 6179.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2016 | |
| Mailing Address 421 Fayetteville St #1020 | | | Amount 45.95 | |
| City Raleigh | State NC | Zip Code 27601 | Transaction ID : SE.6499 Date of Disbursement or Obligation MM / DD / YYYY 10 / 01 / 2016 | |
| Purpose of Expenditure Mileage for canvassers 10/1-10/26, originally reported as \$4687.50 as an estimate | | Category/Type 002 | | |
| Name of Federal Candidate: OWENS, H DOUGLAS, , , | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT | |
| Calendar Year-To-Date Per Election for Office Sought 6225.68 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 91.90 | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (a) TOTAL Independent Expenditures | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <u>Buchanan, Emily, , ,</u> | | [Electronically Filed] | | Date MM / DD / YYYY 05 / 17 / 2017 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 54 OF 66
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|--|--|--|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on | | | | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Mailing Address 421 Fayetteville St #1020 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4295.63</div> | | |
| City Raleigh | State NC | Zip Code 27601 | Transaction ID : SE.6530 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Purpose of Expenditure Payroll estimate for canvassers 10/8-10/26 | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Name of Federal Candidate: KANDER, JASON, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">4295.63</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Mailing Address 421 Fayetteville St #1020 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">68.10</div> | | |
| City Raleigh | State NC | Zip Code 27601 | Transaction ID : SE.6533 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Purpose of Expenditure Mileage estimate for canvassers 10/8-10/10 | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | | |
| Name of Federal Candidate: KANDER, JASON, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u> | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">4363.73</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">4363.73</div> | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> | | |
| (a) TOTAL Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Buchanan, Emily, , ,</u> | | <u>[Electronically Filed]</u> | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 55 OF 66
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Headway Workforce Solutions | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 421 Fayetteville St #1020 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 09 / 2016 | | |
| City Raleigh | State NC | Zip Code 27601 | Amount 0.00 | | |
| Purpose of Expenditure Payroll estimate for canvassers | | Category/ Type 001 | Transaction ID : SE.6523 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 09 / 2016 | | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 204718.88 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee Headway Workforce Solutions | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 421 Fayetteville St #1020 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 09 / 2016 | | |
| City Raleigh | State NC | Zip Code 27601 | Amount 0.00 | | |
| Purpose of Expenditure Mileage estimate for canvassers | | Category/ Type 002 | Transaction ID : SE.6525 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 09 / 2016 | | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 204718.88 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 0.00 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Buchanan, Emily, , , Signature | | | [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 56 OF 66
 FOR LINE 24 OF FORM 3X

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|---|-------------|--|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Headway Workforce Solutions <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 09 / 2016 | |
| Mailing Address 421 Fayetteville St #1020 | | | Amount 0.00 | |
| City Raleigh | State NC | Zip Code 27601 | Transaction ID : SE.6542 | |
| Purpose of Expenditure Payroll estimate for canvassers 10/9-10/31 | | Category/Type 001 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 09 / 2016 | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , | | | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought 204718.88 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| Full Name of Payee Headway Workforce Solutions <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 09 / 2016 | |
| Mailing Address 421 Fayetteville St #1020 | | | Amount 0.00 | |
| City Raleigh | State NC | Zip Code 27601 | Transaction ID : SE.6544 | |
| Purpose of Expenditure Payroll estimate for canvassers 10/9-10/31 | | Category/Type 001 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 09 / 2016 | |
| Name of Federal Candidate: KANDER, JASON, , , | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO | |
| Calendar Year-To-Date Per Election for Office Sought 4363.73 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 0.00 | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (a) TOTAL Independent Expenditures | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <i>Buchanan, Emily, , ,</i> | | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | |
| [Electronically Filed] | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 57 OF 66
 FOR LINE 24 OF FORM 3X

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|---|---|----------|--|--|--|---|---|---------|---|---|--|--|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> | | | | | | | | | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY | | | | | | | | | | | | | | |
| Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions | | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2016 | | | | | | | | | | |
| Mailing Address 421 Fayetteville St #1020 | | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4295.63</div> | | | | | | | | | | |
| City Raleigh | | State NC | | Zip Code 27601 | | | | | | | | | | |
| Purpose of Expenditure Mileage estimate for canvassers 10/9-10-26 | | | | Category/Type 002 | | | | | | | | | | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , | | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | | | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought 209014.51 | | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | | | | | | | | | |
| Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions | | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 09 / 2016 | | | | | | | | | | |
| Mailing Address 421 Fayetteville St #1020 | | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | | | | | | | | | | |
| City Raleigh | | State NC | | Zip Code 27601 | | | | | | | | | | |
| Purpose of Expenditure Mileage estimate for canvassers 10/9-10-31 | | | | Category/Type 002 | | | | | | | | | | |
| Name of Federal Candidate: KANDER, JASON, , , | | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO | | | | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought 4363.73 | | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">4295.63</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> </table> | | | | | | (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 4295.63 | (a) SUBTOTAL of Unitemized Independent Expenditures | ▶ | | (a) TOTAL Independent Expenditures | ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 4295.63 | | | | | | | | | | | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | ▶ | | | | | | | | | | | | | |
| (a) TOTAL Independent Expenditures | ▶ | | | | | | | | | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | | | | | | | | | | |
| Signature <u>Buchanan, Emily, , ,</u> | | | | Date MM / DD / YYYY 05 / 17 / 2017 | | | | | | | | | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 58 OF 66
 FOR LINE 24 OF FORM 3X

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|---|--------------------|---|---|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Headway Workforce Solutions | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 421 Fayetteville St #1020 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016 | | |
| City Raleigh | State NC | Zip Code 27601 | Amount 68.10 | | |
| Purpose of Expenditure Mileage | | Category/Type | Transaction ID : SE.6750 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 09 / 2016 | | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 209082.61 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee Hilton Garden Inn | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 3232 Olentangy Riover Rd | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| City Columbus | State OH | Zip Code 43202 | Amount 3750.00 | | |
| Purpose of Expenditure Lodging expenses for canvassers | | Category/Type 002 | Transaction ID : SE.6488 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 194832.25 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 3818.10 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Buchanan, Emily, , , Signature | | | [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 59 OF 66
 FOR LINE 24 OF FORM 3X

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|---|-------------|---|---|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Hilton Garden Inn | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| Mailing Address 3232 Olentangy River Rd | | | Amount 3750.00 | | |
| City Columbus | State OH | Zip Code 43202 | Transaction ID : SE.6490 | | |
| Purpose of Expenditure Travel Expenses | | Category/ Type 002 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| Name of Federal Candidate: STRICKLAND, TED, , , | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 46476.78 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee Orbitz | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | | |
| Mailing Address 500 W. Madison St Suite 1000 | | | Amount 1217.20 | | |
| City Chicago | State IL | Zip Code 60661 | Transaction ID : SE.6691 | | |
| Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/17, reported estimate | | Category/ Type 002 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | | |
| Name of Federal Candidate: LEE, MIKE, , , | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 4361.22 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 4967.20 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Buchanan, Emily, , ,</i> | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 60 OF 66
 FOR LINE 24 OF FORM 3X

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|--|--|-------------|--|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Orbitz | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 500 W. Madison St Suite 1000 | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | | |
| City Chicago | | State IL | Zip Code 60661 | | Amount 1217.20 |
| Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/17, reported estimate | | | Category/Type 002 | | Transaction ID : SE.6693 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 |
| Name of Federal Candidate: LOVE, MIA, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | | 10586.90 | | |
| Full Name of Payee Priceline.com | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 800 Conneticut Ave | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | | |
| City Norwalk | | State CT | Zip Code 06854 | | Amount 4853.60 |
| Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/17, reported estimate | | | Category/Type 002 | | Transaction ID : SE.6695 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 |
| Name of Federal Candidate: LEE, MIKE, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | | 9214.82 | | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 | | | <input type="checkbox"/> Other (specify) ▶ _____ | | |
| <div style="display: flex; justify-content: space-between;"> <div> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(a) SUBTOTAL of Unitemized Independent Expenditures</p> <p>(a) TOTAL Independent Expenditures</p> </div> <div style="text-align: right;"> 6070.80 </div> </div> | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Buchanan, Emily, , ,</u> <div style="text-align: right;">[Electronically Filed]</div> | | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 61 OF 66
 FOR LINE 24 OF FORM 3X

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|---|---|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
|---|---|

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

| | | | | |
|---|--------------------|--|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item Priceline.com | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 800 Conneticut Ave | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4853.60</div> | |
| City Norwalk | State CT | Zip Code 06854 | Transaction ID : SE.6697 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/17, reported estimate | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: LOVE, MIA, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">15440.50</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|--------------------|--|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item Southwest Airlines | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 2702 Love Field Dr | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">372.97</div> | |
| City Dallas | State TX | Zip Code 75235 | Transaction ID : SE.6701 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/17 | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Name of Federal Candidate: LOVE, MIA, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">20347.77</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|---|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 5226.57 |
| (a) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (a) TOTAL Independent Expenditures | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 62 OF 66
 FOR LINE 24 OF FORM 3X

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|---|-------------|---|--|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Southwest Airlines | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 2702 Love Field Dr | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | | |
| City Dallas | State TX | Zip Code 75235 | Amount 372.97 | | |
| Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/17 | | Category/ Type 002 | Transaction ID : SE.6703 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | | |
| Name of Federal Candidate: LEE, MIKE, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 14122.10 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► | | |
| Full Name of Payee The Lukens Company | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 2800 Shirlington Rd | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016 | | |
| City Arlington | State VA | Zip Code 22206 | Amount 19689.08 | | |
| Purpose of Expenditure Mailer | | Category/ Type 006 | Transaction ID : SE.6635 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016 | | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> Other (specify) _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 250413.86 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 20062.05 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature Buchanan, Emily, , , | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 63 OF 66
 FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee The Lukens Company | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 2800 Shirlington Rd | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016 | | |
| City Arlington | | State VA | Zip Code 22206 | | Amount 19689.08 |
| Purpose of Expenditure Mailer | | Category/ Type 006 | | Transaction ID : SE.6637 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016 | |
| Name of Federal Candidate: KANDER, JASON, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MO | | |
| Calendar Year-To-Date Per Election for Office Sought 44944.98 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee The Mail Haus | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 1745 Suburban Drive | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016 | | |
| City De Pere | | State WI | Zip Code 54115 | | Amount 17810.92 |
| Purpose of Expenditure Postage for Mailer | | Category/ Type 006 | | Transaction ID : SE.6628 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016 | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 230724.78 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | 37500.00 | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Buchanan, Emily, , ,</u> _____ | | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 64 OF 66
 FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee The Mail Haus | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 1745 Suburban Drive | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016 | | |
| City De Pere | State WI | Zip Code 54115 | Amount 17810.92 | | |
| Purpose of Expenditure Postage for mailer | | Category/ Type 006 | Transaction ID : SE.6633 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016 | | |
| Name of Federal Candidate: KANDER, JASON, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO | | |
| Calendar Year-To-Date Per Election for Office Sought 25255.90 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee Thrifty Car Rental | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 1534 Sunset Blvd | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| City Steubenville | State OH | Zip Code 43952 | Amount 728.80 | | |
| Purpose of Expenditure Car rental expenses for canvassers, originally estimated for \$1875 | | Category/ Type 002 | Transaction ID : SE.6483 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 191082.25 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 18539.72 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <i>Buchanan, Emily, , ,</i> | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 65 OF 66
 FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Thrifty Car Rental | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 1534 Sunset Blvd | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | | |
| City Steubenville | | State OH | Amount 728.80 | | |
| Purpose of Expenditure Car rental expenses for canvassers, originally estimated for \$1875 | | Category/Type 002 | | Transaction ID : SE.6486 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 01 / 2016 | |
| Name of Federal Candidate: STRICKLAND, TED, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: OH | | |
| Calendar Year-To-Date Per Election for Office Sought | | | 42726.78 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee Town Place Suites | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address 573 High Market Drive | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | | |
| City West Valley City | | State UT | Amount 4534.31 | | |
| Purpose of Expenditure Actual Lodging for canvassing deployment 10/15-10/17, reported estimate | | Category/Type 002 | | Transaction ID : SE.6698 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | |
| Name of Federal Candidate: LEE, MIKE, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: UT | | |
| Calendar Year-To-Date Per Election for Office Sought | | | 13749.13 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 5263.11 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| (a) TOTAL Independent Expenditures | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>Buchanan, Emily, , ,</u> [Electronically Filed] | | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 66 OF 66
 FOR LINE 24 OF FORM 3X

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|---|-------------|---|---|--|
| NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC | | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | | New report Amends report filed on M M / D D / Y Y Y Y Y Y | |
| Full Name of Payee Town Place Suites | | <input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | | |
| Mailing Address 573 High Market Drive | | Amount 4534.30 | | |
| City West Valley City | State UT | Zip Code 84120 | Transaction ID : SE.6700 | |
| Purpose of Expenditure Actual Lodging for canvassing deployment 10/15-10/17, reported estimate | | Category/Type 002 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2016 | |
| Name of Federal Candidate: LOVE, MIA, , , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT | |
| Calendar Year-To-Date Per Election for Office Sought | | 19974.80 | | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | | 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee | | <input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y | | |
| Mailing Address | | Amount | | |
| City | State | Zip Code | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y | |
| Purpose of Expenditure | | Category/Type | M M / D D / Y Y Y Y Y Y | |
| Name of Federal Candidate: | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General | | 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 4534.30 | | |
| (a) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (a) TOTAL Independent Expenditures | | 394061.43 | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <i>Buchanan, Emily, , ,</i> | | [Electronically Filed] | | Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017 |